

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------------|------------|-----------------|
| FEE DETERMINATION | <i>CSman</i> | | |
| O.I.P.E. CLASSIFIER | | <i>43</i> | <i>5/23/01</i> |
| FORMALITY REVIEW | <i>MTB</i> | <i>954</i> | <i>6/28/01</i> |
| RESPONSE FORMALITY REVIEW | <i>request</i> | <i>995</i> | <i>03-11-02</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

| Claim | Date |
|----------------|------|
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If more than 150 claims or 10 actions
staple additional sheet here

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1629
3/12/02
5/28/01